



Aetna® Medicare Better Health (HMO D-SNP) & Aetna® Medicare Assure Value (HMO D-SNP) -Provider Notice: Level Severity Inpatient (IP) Review and Reimbursement

Dear Providers,

This policy applies to all participating Medicare facilities that have a Medicare allowable payment methodology and that participate in Aetna Medicare Advantage and/or Special Needs Plans (SNPs). This policy applies to emergent or urgent inpatient stays that are greater than one midnight (1+ midnight).

The new payment structure for Medicare inpatient claims

Our goal is simple: We want to help you get reimbursed faster for inpatient admissions that are initially denied. You'll receive faster payment and still be allowed to appeal for a higher payment.

Effective November 15, 2025, we'll adopt a new reimbursement approach for hospital stays of 1+ midnight in cases where a member is urgently or emergently admitted to a hospital and the provider has submitted an inpatient order.

- We'll approve the inpatient stay without a medical necessity review and pay the claim at a lower level of severity rate that's comparable to your rate for observation services.*

- If the inpatient stay meets MCG (Aetna Supplemental Guidelines for inpatient admissions), we'll pay the claim at your inpatient rate in accordance with the hospital agreement.

Notes and exceptions

- We won't use MCG to determine whether an inpatient stay is medically necessary. Instead, we'll use it to determine the severity of an inpatient admission and whether that severity justifies the inpatient contracted rate.

- This policy doesn't apply to stays that are less than 1 midnight. Cases that are less than 1 midnight will still be subject to medical necessity reviews using Centers for Medicare & Medicaid Services (CMS) guidelines.

Aetna® Medicare Better Health (HMO D-SNP)
Aetna® Medicare Assure Value (HMO D-SNP)
COE Duals Correspondence
PO Box 981106
El Paso, TX 79998



How this reimbursement change helps you

We're committed to streamlining, simplifying and enhancing how you work with us.

This new structure will pay you faster. Currently, we deny a stay that doesn't meet MCG, requiring you to either resubmit a claim for observation or submit an appeal to receive the inpatient contracted rate. Now, you'll get paid faster without having to re-bill claims for 1+ midnight stays that don't meet MCG.

You maintain your right to dispute the inpatient reimbursement rate.

More information

The payment policy will be available on our provider portal on Availity in October.**



Questions?

If you have general questions about this communication, please contact our **Provider**

Services Department:

By Phone: 1-855-463-0933 (TTY: 711)

By Email: COEProviderServices@aetna.com

*Exceptions include but are not limited to unexpected death, hospital transfer, departure against medical advice, clinical improvement, and election of hospice in lieu of continued treatment in the hospital.

**Availity® is available only to providers in the U.S. and its territories.

Note to Washington State providers: For commercial plans, your effective date for changes described in this article will be communicated to you following regulatory review.

Note to Maine and Vermont providers: For commercial plans, your effective date for routine changes described in this article will be the statutory date of January 1, April 1, July 1 or October 1, whichever date follows the effective date(s) referred to in this article. Changes required by state or federal law, or pursuant to revisions of Current Procedural Terminology (CPT®) codes published by the American Medical Association, may be effective outside the statutory dates outlined above.